

Health freedom initiatives of the early 1900s – ©2014, Brian A. Smith, D.C.

Incl chiro and osteo mvmts – had their origins in the Popular Health Movement of the 1820s and 30s, itself a reaction to the ‘professionalization’ of medicine by the college-educated males that prematurely attempted to wrest control of healthcare from the people at large. By the 1830s, 17 states had some form of restrictive MPA. This development smacked of elitism and classism, something fought against 50 years earlier. The medical “professionals” paraded their self-impressed status by becoming buffoons – wearing ridiculously high, powdered wigs; using gold-handled walking canes; maintaining a solemn, and demeaning, manner – and deserved the scorn they received as their “heroic” medical procedures were deadly and had no scientific basis. Their prevailing assumption was that, to be effective, a “cure” had to produce worse symptoms than the “disease” or “bad humors” thought to be present. The “battle” was “won” by the “side” that produced the worst symptoms. Especially effective cures, by this logic, killed the patient, as was often the case in the ‘blistering’ of children which, as late as 1847, was a “high-ranking” cure as it caused seizures, convulsions and death.

Pop Hlth Mvmt: leaders included Fanny Wright, NYC, Hall of Science founder (see Gotham, pp507, et.seq.); Samuel Thomson, author of “New Guide to Health” (1822). Thomson revived the nearly forgotten use of herbal remedies that had been learned by New England women from the Native Americans, after losing his wife and mother to “heroic cures.” He established Friendly Botanical Societies around the country. More the just healthcare, his movement embraced the concept that healthcare was the domain of every person and an authorized monopoly over it was a sign of the decay of the society. The Societies taught the Thomsonian System and it became the core of the Pop Hlth Mvmt. Very popular in mid-West – bp of osteo and chiro. Another leader was Sylvester Graham of NYC who advocated bathing (!), fresh fruits and vegetables leading to a vegetarian diet, and whole-grain breads. The “grahamians” rejected all patent medicines and herbal remedies as well. This group evolved into the Hygienic Movement that espoused that an educated population was a healthy one, thereby setting in motion their own self-limited demise. The few schools that opened foundered quickly as, once achieving health, a “patient” did not need a “doctor.” Another factor was the allopathic adoption of Graham’s radical ideas of bathing is healthy, fresh fruits and vegetables are good for you, air and sunshine promotes health and whole-grain breads are healthier than the processed-to-death white bread (sounds awfully similar to the post-WW II era).

These popular mvmts were successful as, by 1840, all 17 states had either repealed their MPA or had altered them (AL & DE) to exempt “irregulars” from prosecution, effectively rendering them useless. *Nationwide organization of the professions occurred soon thereafter with the 1845(?) formation of the American Homeopathic Medical Association. To counter this ominous sign, the ‘regulars’ cobbled together their own lobby, the American Medical Association in 1847, which today, though representing a minority of the medical profession, is one of the most effective lobbies, serving only their members, not the public. (mine)*

The Thomsonians were defeated by the very same forces railed against by the founder – professionalization. John Thomson, son of Samuel founded the NY Thomsonian Medical

Society in 1835 with 2 mbrsps: lay and “society-licensed.” Alva Curtis, from the latter group, of VA, took this further when, in 1838, he founded the Independent Thomsonian Botanical Society and the Literary and Botano-Medical Institute of Ohio, conferring doctorates to graduates. A subpopulation of the more liberal minded “regulars” added much of Thomsonian therapeutics and formed the Eclectic medical profession of the later 1800s that achieved a modicum of success in various state legislatures. *Many eclectics affiliated with the “new” profession of naturopathy, founded by Benedict Lust of NYC in 1896. The AMA, operating through the various states’ legislatures, successfully forced the closure of the eclectic medical colleges for not fulfilling the criteria of the AMA’s education bureau. Out-maneuvered and out-moneyed, the eclectics melted away as no one questioned the wisdom of allowing a medical lobby to set the criteria for a competing system. No medical school in existence today could gain recognition from the CCE, and if required to do just that, or close immediately, the medical profession would cease to exist in our lifetime.*

The late 1800s saw the blossoming of “science” in every sphere of human life. Science was to provide the answer to all of life’s dilemmas: how to increase production, manage a home, raise a child and how to live happily ever after. The “regulars” had little use for science – they easily poked holes in the newly advanced “germ theory” with probing questions: if patients exposed to mycobacterium tuberculi develop tuberculosis, why is that organism found in those without the disease? Why could some literally drink mouthfuls of cholera germs without contracting cholera? And even if the germ theory turned out to be true, what did it matter if you did not have any way to stop the offending organism? Those in the medical profession that had been recently educated in colleges, rather than through preceptors, did see the salvation of medicine through science. By latching onto “science,” the profession would be henceforth “scientific medicine” and elevated above all others, at least in the eyes of the public and, more importantly, public officials. But that would cost money, and lots of it.

Enter John D. Rockefeller and Andrew Carnegie, titans of industry. Both had millions available, but neither, on a personal level, was particularly enamored with the regulars. Rockefeller had entrusted his health to a homeopathic doctor. He refused to endow a medical school at the University of Chicago when the president insisted that the school be “regular” as Rockefeller opposed supporting any one sect over another. Carnegie, a Darwinist, excluded any college that had the slightest denominational leanings from his faculty pension plan. He also had a strong dislike of “experts,” favoring entrepreneurs as the most progressive force in society. How did these two unlikely candidates become the source of the millions needed to propel the regulars to the position of dominance? As mentioned earlier, science would provide those answers. Both men had no shortage of enemies and their philanthropic pursuits had to be above reproach. Their corporate-style foundations would dole out the dollars to those the experts deemed worthy. Their “scientific” approach dove-tailed nicely with that of the medical men.

In 1891 Rockefeller hired Frederick T. Gates as his first philanthropic “expert.” The former teacher, bank clerk, farmer, salesman and minister found his pot of gold at Rockefeller’s foundation. In 1897 Gates read *Principles and Practice of Medicine* by Sir

William Osler, a Johns Hopkins professor. Converted to scientific medicine, Gates urged Rockefeller to support medical research and the development of scientifically-based medicine. Rockefeller's son, John D., Jr., meanwhile, had been converted to "scientific medicine" by his family's pediatrician, L. Emmett Holt, M.D. on a train from Cleveland to New York. Soon thereafter seed-money of twenty thousand dollars established the Rockefeller Institute for Medical Research. Operated by a seven-member board of directors which included Holt, the Institute was opulent as any new cathedral of the new religion should be. The director of the institute was Simon Flexner, M.D.

The medical profession though was overwhelmingly populated by the "old school" country doctor. The reformers had to effect change without offending the very people they were determined to rid themselves of. How better to achieve this goal, than through the system they created them, the schools. The AMA had created a Council on Medical Education that had done a nationwide survey of medical schools and had determined which should be closed and which should be funded. However, their survey was, correctly, viewed with suspicion. It was sectarian and favored those institutions advancing "scientific medicine." Not surprising when one considers the fact that the Committee members were all research-oriented M.D.s. They needed the backing of an organization known for its expertise and impartiality, the Carnegie Foundation.

The 1910 Flexner Report was recently analyzed by a medical student and his published work condemns the report in no uncertain terms. The author proves that it was impossible for anyone to visit the number of institutions spanning the country in the period of time that Flexner's records show. The obvious conclusion is Flexner fabricated much of the information and published his lies as a report. This analysis supports the many complaints lodged in 1909 and 1910 that alleged Flexner, contrary to what he stated to be true, had not, in fact, set foot upon the campus he reviewed. [find source]

Approached in 1907, the Foundation insisted that their new study not be biased towards any sect and decided upon hiring a layman to do the job. To insure complete objectivity, they hired Johns Hopkins University graduate, Abraham Flexner, whose brother was the director of the Rockefeller Institute for Medical Research. His resulting report "was about as unbiased as, say, a television commercial for a cold remedy." (p.87) There were too many doctors overall, and too many from the lower classes. Black doctors were needed in limited numbers to prevent the spread of disease from the ten million in black neighborhoods who "live in close contact with sixty million whites." There was no apparent need for but a few women doctors either. Traveling to over 160 schools in 1909, his message was clear: conform to my standards for scientific education, complete with multiple laboratories and salaried professors, or close. Those that succumbed to these pressure tactics and changed, gained from Flexner's other persona, the Carnegie "money man." Fat foundation grants were forthcoming for further enriching the regular medicine sect's coffers under the guise of "reforms." The medical schools slated for "salvage" were already big, rich, and prestigious, or, to put it another way, predominantly white and upper class. By 1915 ninety-two medical schools closed or merged, including seven of the ten women's schools and five of the seven black schools. The two-year college education, set as a prerequisite for enrollment in medical school during a time when less

than five per cent of the college age population could afford to enroll in college, closed the profession to all but the wealthy. The desired result was achieved: a profession dominated by rich, white, upper class males. *As damaging as the Flexner Report was on the "regular" schools, what occurred pales in comparison to the effect on the "irregular" medical schools, the heirs of the Popular Health Movement. Virtually all the homeopathic and eclectic medical schools closed. What may have been the saving grace for the chiropractic schools was the absence of the word "medical." The Flexner Report is actually titled "Medical Education in the U.S. and Canada" and its effects on all schools of the medical sects: regular, homeopathic and eclectic, were cataclysmic. To the reader, all three were medical schools and the findings of the report deemed sound. Chiropractic, along with osteopathic and, to a lesser extent, naturopathic schools were not immediately identified as "medical schools" per se. This separation aided the survival of the chiropractic educational institutions in that their survival would not depend upon the AMA's Committee on Education or the state regulatory agencies of the medical profession ultimately. The importance of a properly executed public relations campaign can not be overlooked. Allopaths adopted the term "scientific medicine" at a time when science was rising to the role of savior for all the problems of humanity. No one, apparently, saw the irony as allopathic medicine, perhaps the most unscientific of the healing professions, claimed "scientific" as their own. This would then imply that all other systems were not scientific. This was repeated in the latter half of the nineteenth century when "scientific medicine" for the public became "regular medicine" for the legislatures. If a healing system was not regular, what was it? Irregular, of course, with all the negative connotations following: not right, odd,*

Governmental regulation of the health profession had returned in many states subsequent to the Civil War. Across the board, these regulations did not exclude any one sect, as long as they were trained. With the medical profession adopting the standards set in the Flexner Report, laws were changed: licensing examinations reflected the "scientific medicine" approach, those determined to be practicing medicine without a license were punished with prison sentences and large fines, *and medical licensing boards were often charged with determining exactly what was the practice of medicine (everything) and what was not (nothing).*

This amazing change in the medical profession was brought about without the need to purge the ranks of the regulars. "The average practitioner was still free to go around bleeding consumptives, mumbling about 'humors,' and hooking housewives on opium." (p.90) A legal monopoly of the practice of medicine had been achieved. *However, the surviving descendants of the Popular Health Movement prevented a monopoly encompassing all health care and healing from being formed. A double-edged sword as the existence of the chiropractic, osteopathic and naturopathic professions served to support organized medicine's contention that they, in fact, did not have a monopoly at all.*

(Barbara Ehrenreich and Deirdre English, "For Her Own Good 150 Years of the Experts' Advice To Women" (New York: Doubleday) 1979 39-93.)

(mine)

FROM: John L. Spivak "The Medical Trust Unmasked" (New York: Louis S. Siegfried) 1929 (reprint 1961)

pp. 35-37: AMA history

Spring of 1846: convention of MD's in NYC

1847: Philadelphia convention, name AMA adopted

1897: Incorporated in Illinois on March 18 "not for pecuniary profit," object was "to promote the science and art of medicine."

1901: St. Paul, MN convention – leadership coup followed by reorganization.

1902: Articles of Incorporation amended to read "The object of this Association shall be to federate into one compact organization the medical profession of the United States....of safeguarding the material interests of the medical profession....of securing the enactment and enforcement of medical laws...of directing public opinion in regard to state medicine...etc."

1902-04: period of anti-trust sentiment growing through out country

1904: Articles of Incorporation amended to again read object was "to promote the science and art of medicine." Spivak thinks the AMA leaders realized the 1902 amended Articles revealed too much of the 'true' goals of the AMA.

pp. 75-77: California Medical Association, the Medical Society of the State of California and the League for the Conservation of Public Health

1909: CMA organized to defend members against malpractice, indemnified members; members were prohibited from testifying against another member plus the existence of the disincentive of causing financial harm to one's own insurance/indemnity company elicited charges of conspiracy.

1923: the Medical Society of the State of California organized, as a sub-organization of the CMA according to Spivak, whose purpose was "to eradicate as far as possible the source of malpractice suits." Also defended and indemnified "its" members (CMA? Society?)

1924: CMA drops indemnity program and no longer defends members.

1921: The League for the Conservation of Public Health, a "disinterested" medical promotion society was 'taken into the AMA fold via the California branch.'

From Susan E. Cayleff "Wash and Be Healed" (Philadelphia: Temple University Press) 1987.

p. 2-3:

Hydropathy *and many alternative systems*, rejected the notion of women's innate inferiority because of their gender. This facet alone allowed for the congregation of large numbers of women in an environment that not only questioned the established medical beliefs, but promoted an awareness of responsibility for one's own health as well as

developing a sense of community, one whose inferior status in society was not founded in science, but in a struggle for power.

Water-cures flourished primarily in the Mid-Atlantic States and parts of New England with over 200 in existence nationwide between 1840 and 1900. The Water-Cure Journal, published from 1843 to 1913, had a subscription exceeding 100,000 in the 1850s, when the nation's population was xxxxxxxx.

It has been said that history is written by the victors, and this is just as applicable in the battles involving health care delivery as it is in those involving geopolitical units. For close to a century, the history of health care has been written looking through medicine's rose-tinted glasses. [see Rothstein below] When examined under a critical eye, as it has been for the past 20 years, the advances in health care are found, not in conjunction with medicine, but often in opposition to medicine. Improvements in sanitation and food quality account for the majority of the increases in lifespan and neither originate in medicine. The focus on exercise, diet, fresh air and other healthy living habits are not to be found within the halls of medicine. If anything, what is found within those halls is determined opposition to those things we now take for granted. What medicine has been able to do is to fictitiously portray these factors as "advancements in medicine" when nothing could be further from the truth. The various governmental public health agencies were either founded in response to public health problems and were not within the realm of medicine until they were co-opted by it, or they were founded by organized political medicine after the fact. Exercise was regularly discouraged by medical doctors as damaging to health, fresh air allowed one to "catch" a cold. When these life style changes were proven to be beneficial, medicine attempted to claim them as their own. What the result has been is that the greatest contributions to health care, which are to be found in the "irregular" sects, has been wrongly attributed to the medical sect and the concomitant, and desired, goal of marginalization of non-allopathic health care realized.

pp.5-8: 19th century allopathic disease based on 'fever theory': disease is a result of **irritation or excitement**. Before rehabilitative drug therapy, it was best to calm the pt. Followed by a majority of MD's. The body had a fixed amount of "vital energy" [this was shared by many competing sects too]. Health was achieved when there was a balanced distribution of this energy. Illness and disease occurred when energy accumulated in one area or was depleted in one area. Disease was a body-wide/systemic process; climate and season affected the healthy equilibrium between body parts; "turning points" (e.g. menarche) was dangerous because the body was trying to find a 'new' equilibrium, found in both male and female; "ALL practitioners" [meaning all MD's or all providers?] regulated the secretions and excretions to maintain balance. By 1830s allopath believed in the self-limiting nature of disease.

This philosophy of disease was, for the most part, shared by all the sects, only the method of treatment varied. [Note similarities of vital energy – innate intelligence; irritation and 'heat' expressed from irritated nerves]

Methods to achieve goals: early 19th cent, allopathy: bloodletting, purgatives, emetics & cathartics. Followed by drugs and alcohol-based medication which had less noticeable effects. Success was demonstrated by changes/increases in discharges: perspiration, eruptions, urination, boils, blisters.

Because of treatment methods, allopaths were not looked upon favorably; the often life-threatening effects of therapy contributed greatly to the rapid growth of the Popular Health Movement.

Ironically, most people went to MD's with the mindset, that doesn't differ much from today's, of "Do something." The MD's ability to induce unpleasant symptoms was a sign of 'good doctoring.' It was also a sign of social status to be able to afford the costs associated with being treated by an MD.

Health-Reform Sects History (pp. 11-15)

Different therapeutic approach; stressed ability of nature to heal; less rigid gender-based inequality philosophy – both in treatment and as practitioners; increasingly critical of allopathy.

1558: Luigi Coronaro publishes *Discourses on a Sober and Temperate Life*; pleads for moderation and temperance.

1807: Sir John Sinclair's 4 volume *Code of Health Longevity*.

Samuel Thomson: sold home-remedy kits of botanical medicines. His idea was to balance the four elements: air, fire, water and earth, comprising the body; imbalance decreased body's heat and caused illness. Remedies were NOT mild; many purgative formulas demonstrated the outward effects of the therapy, similar to allopathic drugs; emphasized home/self-care; movement founded own infirmaries and stores; had approximately 100 eclectic medical colleges, the largest of which had graduated 200 eclectic physicians, 1/3 being women, by 1861. Eclecticism, an offshoot of self-proclaimed reformers, welcomed women as equals to men.

1825: Samuel Hahnemann introduces homeopathic philosophy; cause of disease was *psora* (itch); emphasized self-care, moderation, fresh air, pure food and water.

1830: Sylvester Graham, first health crusader, Philadelphia; frequent bathing, fresh air, regular exercise, vegetarianism, dress reform, sunlight and sex hygiene; opposed doctors and drugs.

1837: founding of The American Physiological Society in Boston: sought to educate people to care for themselves and to reform medical profession by emphasizing preventative measures. Brought several sects together.

1830s: Phrenology popularized in US by Orson Squire Fowler, believed that by reading the contours of the skull, one could determine the areas that needed to be developed

further; linked with other reform movements; advocated temperance, exercise, fresh air, reform dress.

1843-44: Joel Shew and R.T. Trail open water-cure in NYC. Hydropathy/water-cure: various applications of cold water; exercise, dress reform; disease was unnatural, applications of water disrupted “foreign” matter and stimulated chronic conditions to develop an acute healing crisis (boils, rashes, diarrhea, sores, sweating, eruptions); diseased matter left through the skin and water, wraps, sweating, applying friction and pressure opened the pores, aided circulation, invigorated the skin and drew putrid matter out of the body.

Commonalities of sects: rejection of allopathic therapeutics; unswerving faith in hygienic principles (Thomsonians/Eclectics excepted); all agreed on nature’s ability to heal; critical of drugs; therapies were all interventionist, but less dramatic than drugs; stressed healthy living as a prerequisite for strong physical constitution; majority believed in equality of sexes.

pp.68-9: Elizabeth Blackwell is self-servingly touted as America’s first female physician, she was, in fact, the first woman to graduate from an allopathic college, Geneva Medical College in Rochester, NY in January 1849.

There were female homeopathic physicians and eclectic physicians earlier. The Blackwell family were reformist: Emily (sis) also MD; Lucy Stone, wife of bro Henry first woman to retain maiden name after marriage (1855); Antoinette Brown, wife of bro Samuel Blackwell, US’s first ordained female minister (1853);

From: William G. Rothstein, *American Physicians in the Nineteenth Century* (Baltimore: John Hopkins University Press) 1985 (orig 1972)

Part II: The Regular Profession in the First Half of the Nineteenth Century (pp. 41-124)

Medicine based on of superficial observation and analysis guided by 2 principles:

- 1: Pathological state could be understood by reliance on external symptoms exclusively; and
- 2: anything that produced desired changes in the gross pathological symptoms was acting on the disease and was, therefore, a useful therapy.

Treatment: consisted of primarily bloodletting and calomel; followed by tonics.

Bloodletting: chief “antiphlogistic” (i.e. able to reduce fever), also used in puerperal convulsions, irreducible hernia, asthenia, croup, enteritis, pneumonia, wounds, burns, bruises, fractures, subdural hematoma, convulsions, concussions.

Sites: arms, foot, jugular vein (young children), temporal artery

Quantity: opposing views: to fainting versus somewhere less than that; large quantity – 14 ounces/day for 10 days bilious fever; wife of Salmon P. Chase, Sec of Treasury under

Lincoln, had puerperal fever: 1st day – 30 ounces, 2nd day – 20 ounces; died subsequent to 2nd bleeding.

Calomel: cathartic (to clean bowels, aka purgatives, as opposed to 2nd class: emetics), chloride of mercury – when ingested becomes poisonous causing purging. Dosage: 10 grains after Benjamin Rush used that amount in conjunction with 10 grains of jalop (another cathartic) in treatment for yellow fever epidemic in Philly in 1793. Was criticized by College of Physicians and other doctors as this was excessive (normal was 2-3 grains calomel alone) however this became standard dosing from 1800-25.

Other cathartics and emetics:

Tartar emetic: tartrate of antimony; poison

Nitre (saltpetre): poisonous mineral, potassium nitrate; used in making gunpowder

Jalap: purgative made from roots of *convolvulus jalapa* (see picture)

Tonics:

Fowler's solution: contained arsenic.

Chicon bark: supplanted by alkaloid derivative quinine (1820)

Crude opium: supplanted by alkaloid derivative – morphine (1817)

Other treatments:

Cantharides (skin irritants):

1: blistering: raise blister with plaster, break – outflowing pus was believed to be diseased matter from inside.

2: Seton: thread placed under skin kept inflamed, oozing pus was beneficial.

Infants suffered from the disease of “teething” that was “treated” by repeated scarification of the gums with a lance. Teething was cause of most all infant disease.

Diseases:

Endemic: malaria (ague); dysentery and diarrhea (cholera infantum affected children and was leading cause of death throughout 19th century); pneumonia, influenza, tb and other respiratory ailments.

Epidemics: cholera (1832, 1849[-1854 in some areas], 1866; yellow fever (every year btw 1800-1879, except 2); diphtheria

Education in 19th C:

1st Q: apprenticeship dominates:

- medical societies est parameters as 3 years duration, \$100.00 fee to preceptor per year who provides all books and equipment and certificate upon completion.
- Course had 2 major parts:
 - “Reading medicine with a doctor” basic science, material medica, clinical medicine

- “Riding medicine with a doctor” accompanied preceptor on house calls and assisted in surgery.

Drawbacks: preceptor did not possess strong basic education, looked at apprentices as cheap labor. Apprentice could ‘shop around’ for lenient preceptor. Certificate was meaningless, unless the consumer knew the preceptor. Licensing laws in existence allowed for ‘license’ to be issued only to apprentices, medical school graduates were exempt; issued by local med soc to ‘guarantee’ qualifications of apprentices.

2nd Q: medical schools come to forefront:

- Affiliated with existing liberal arts college or obtained state charter to open.
- Mainly large population centers where several preceptors saw the benefit of more standardized instruction (1 teacher for 30 students versus 1:1), economic benefit wherein teaching one course to 30 students brought in \$1,000.00 to \$2,000.00 annually (versus \$100.00 per apprentice), Students paid “per lecture” ~\$15.00 and after completing an instructors # of courses, was passed on to the next.
- 2 years of 4 months each; both “years” had same lectures – student was told to “emphasize” basic science in 1st year and more advanced subjects in 2nd. Issued MD after completing all lectures 2 times and passing examination. Supplemented the 3-year apprenticeship, did not replace. Clinical subjects remained apprentice-preceptor.
- Drawbacks: quality of lectures not regulated nor required – student attended same lecture series in following year. A particular schools ‘theory’ of disease usually dictated the ‘treatment’ of the disease – both were unscientific and caused the development of serious rivalries within the profession – resulting in a lowering of the esteem with which the general public held all doctors as MD#1 would ‘diagnose’ this and ‘prescribe’ that and, if not successful MD#2 was called in who often derided his predecessor as wholly incompetent as the ‘correct’ diagnosis was ‘that’ with ‘this’ as txmt.

of medical schools trebled from 1800 to 1820 (4-13) and again from 1820 to 1850 (13-42), leading to degradation of education as competition grew. 2 years of 4 months steadily decreased in practice as schools allowed students to enroll midway through a 4-month term and leave a month early, the student being credited with 4 full months. The ‘2 years’ could be completed in 1 as many schools held 2 4-month sessions every year. Apprentice was often ignored completely: 1849 AMA surveyed 30 schools, only 4 required the 3-year apprenticeship. A medical diploma was all that was needed for practice, thus pitting the schools against the medical societies that issued licenses for the apprentice-doctor.

As # of graduates increased, importance of med soc decreased. Physicians tended to oppose schools and sought ways to limit # of grads. NY State Med Soc attempted to require increased prereqs for admission in 1844 but released any attempt would cause loss of students to neighboring states. The Society called for a national convention which was held in NYCF in 1846. Only 11 schools attended, due to the 1844 action. Major action was to call for formation of permanent national organization at next convention in Philly 1847. Most resolutions concerning education were defeated as the physicians liked

the status quo. The AMA remained ineffectual for the rest of the 19th C and the disputes btw the schools and the societies continued. As the med soc licenses became secondary and the soc lost this major source of income, the existing licensing laws were either repealed, or neutered without much opposition from the societies.

Not found addressed anywhere thus far is the probability that, as allopathic treatment changed from 1800 to 1850, many of the old-school docs would remain faithful to their therapeutic approach, but perhaps changing the poison used as therapy, and wander farther away from allopathic medicine as years passed and, in effect, giving birth to some of the ideas found in rival medical sects (e.g. MD's who lived by the antiphlogistic/emetic/purgative/tonic approach easily transited to Thomsonian medicine that utilized the same approach but with different, and less deadly, agents. This contributed to the growing numbers of other medical sects appearing in the 1st half of the 19th C. Possibly Hahnemann and Still are good examples.)

William G. Rothstein. American Medical Schools and the Practice of Medicine A History (Oxford University Press: NY) 1987.

p.18: "...the limitations of medical knowledge made the physician of littler value in most medical care." (referring to 1750-1825)

p.39: US Pharmacopoeia contained only 20 active drugs.

p.103: by 1882 half of the medical schools had 6-month terms. Columbia University adopted a 7-month term in 1880. An optional 3-year graded curriculum (versus a 2-year repetitive lectures) started in 1868 and Harvard was the first to adopt a compulsory 3-year graded course in 1871. By 1891 this latter course was required of all to obtain licensure. Study was lengthened to 4 years by 1900.

pp. 144-45 "The Flexner Report" is a good example of the rewriting of history for the benefit of the medical profession. "The study was undertaken by Abraham Flexner, a secondary school educator with no previous knowledge of medicine or medical education." (144) ***This statement is nothing short of a bald-faced lie.***

Thomas Neville Bonner. *Iconoclast: Abraham Flexner and a Life in Learning.* (Johns Hopkins University Press, Baltimore) 2002 [funding from NLM and Rockefeller Archive Center]

pp. 1-68: In 1884, Abraham entered Johns Hopkins University, graduating within two years with a degree in Latin and Greek at the age of nineteen. While a student he often sat in on lectures by William Henry Welch, the new pathology professor. Upon returning to Louisville, Abraham urged his older brother, Simon, to obtain a degree in medicine, which he did in 1889 from the University of Louisville medical school. Abraham paid for the first year of Simon's postgraduate education at Johns Hopkins University, where he majored in pathology. Simon received the pathology fellowship the following year. In 1902 Simon became the first head of the Rockefeller Institute for Medical Research. The eldest of the 9 Flexner children, Jacob, was also an M.D., receiving it from the same medical school as Simon, in the first half of the 1890s. By the end of the 1890s Jacob Flexner, M.D. was the "city physician" for Louisville. Abraham took to teaching and opened his own school in 1892, selling it in 1905. He returned to academia, enrolling at Harvard in 1905, receiving an M.A. in philosophy in June 1906. He also attended many

sessions of the American Psychological Association which was meeting in Boston at the time. This was followed by studies in psychology and physiology at a German university in Berlin. Returning to the U.S. in mid-1907, he began writing *The American College*, a critical attack on higher education. It was well received and he was an appropriate candidate for the Carnegie Foundation funding of the AMA initiative to conduct an 'impartial' study, duplicating their own Committee on Medical Education's study. Abraham went on to conduct similar studies of some European state's medical colleges.

From: Lester S. King, MD. Medicine in the USA: Historical Vignettes, III. Medical Sects and Their Influence. JAMA 248(10): 1221-1224 (Sept. 10, 1982)

Wooster Beach founded eclecticism in 1830.*

1844: homeopaths founded a national medical society: the American Institute of Homeopathy.

1848: the first successful homeopathic medical school was chartered.

1836: first short-lived school chartered in PA.

[*1860&1861 Beach had Beach's Family Physician and Home Guide for the Treatment of all Diseases of Men, Women and Children, on Reform Principles published by Moore, Wilstack, Keys & Co. 25 West Fourth St., Cinti, OH]

From: Lester S. King, MD. Medicine in the USA: Historical Vignettes, IV. The Founding of the American Medical Association. JAMA 248(14): 1749-1752 (Oct. 8, 1982)

1846: National Medical Association meets for first time. Name changed to American MA.

May 1844: NY State Medical Society 'shaken' when legislature repeals all laws granting special privileges to MDs, at the urging of the Thomasonians.

1839: NYSMA failed attempt to hold national meeting after sending invitations to every state for 3 reps and to every medical college to send 1. Received no response.

1844: NY state society meeting – discussion of need for national meeting brought up, carried over to 1845 meeting that passed resolution calling for a national meeting in Philly, 1846.

May 5, 1846: Initial meeting of the NMA – 3rd resolution called for a 2nd meeting, Philly, 1847 with invitations to all "regularly organized Medical Societies, and chartered Medical Schools." Committees established and their reports to be presented at 1847 meeting, medical ethics, medical education, licensing committee, steering committee for 1847. A resolution to separate licensing from education by establishing one licensing board in each state was not voted on, but referred to committee.

1847: At 'end' of meeting name changed from NMA to AMA.

From: Margaret S. Gordon (editor & assoc. dir. Of Carnegie Commission on Higher Education). Higher Education and the Labor Market (NY: McGraw-Hill Book Co. 1974); Chapter 7: Samuel Haber. "The Professions and Higher Education in America: A Historical View." P.260.

1888: US Supreme Court upheld *Dent v West Virginia*. Dr. Dent held a diploma from the American College of Eclectic Medicine. He was deprived of his right to practice by the WV Board of Health, composed solely of regulars. Justice Stephen J. Field wrote that no one has the right to practice without the necessary qualifications of learning and skill and the only men qualified to determine such were “regular medical men,” as legislators and patients were incompetent to make this judgment.

From: John B. Blake “Chapter 3: Health Reform” in Edwin Scott Gaustad (ed). *The Rise of Adventism*. (Harper & Row, NYC, 1974), pp. 30-49.

Samuel Thomson born 1769 in Alstead, Maine (not NH): based his theory of disease on centuries old imbalance of 4 elements: earth, air, fire & water. Cold, lessening heat which was a combination of air and fire, was the cause of all disease. Patented his system in 1813. *His was not the first to use a numbering system, in fact he may have copied it.*

Wooster Beach born 1794 in CT. Developed botanical system he called Reformed Medicine. More sophisticated than Thomson.

1830s & 40s saw several schisms and reunions of both Thomasonians and Reformed Medicine groups with the most powerful and professional successor group being Eclectic Medicine with schools, conventions, textbooks, societies and degrees; appealed to the educated class. Opposed bleeding and calomel, abstained from tobacco and alcohol, advocated proper diet; embraced healing powers of nature (at a time when heroic measures were seen to prevent or overpower nature).

Alva Curtis, a Grahamite, was a leading Thomsonian.

Homeopathy: arrived in 1825, est by 1850 in Northern states. Was considered a subset of regular medicine by many homeopaths and allopaths, always insisted on MD degree as prerequisite. Possibility exists that homeopathy was so successful not because of the remedies but because of discontinued use of heroic medicine.

1830: Sylvester Graham (born 5 July 1794, West Suffield, CT, 17th, and last, child of Rev. John Graham who was 72 at his birth). Feb. 1829 became Presbyterian pastor at Bound Brook, NJ – already was vegetarian, used whole wheat bread and no alcohol. Engaged by the Phila Temperance Society in 1830 as a lecturer. 1831 started lecture circuit Phila – NY – Boston, *Graham Journal of Health and Longevity* (1837), *Lectures on the Science of Human Life*, 2 vol (1839); maintained disease was caused when a fault in a person’s way of life caused derangement of vital functions. Cure was by removing the cause and allowing “vis medicatrix” to restore body to health. Disease was not caused by external things over which people had no control; drugs to drive these external causes out were not only wrong, but opened the door to quackery and nostrums. Various organs were linked together in “one general web of nervous texture” so if one organ was sick, all were affected. Inner stomach lining was primary in health; any disturbance of it will disturb every organ and function in body. The nerves of the organic system could be “irritated into a state of excessive irritability and diseased sensibility.”

“All undue excitements and exercises of the mind, and of the passions; all excessive indulgences of the appetites; improper qualities and quantities of food; the debilitating habits of indolence and effeminacy; the various customs and circumstances of artificial life, such as appertain to habitation, clothing, locomotion, the preparation of food, &c. &c.; and worst of all, the habitual use of artificial stimulants, such as those heating and irritating condiments on the table, and more particularly the various narcotic and alcoholic substances;- all act upon the stomach to disturb its functions, and to impair the health of its nervous and muscular tissues, and, consequently, tend to debilitate that organ; and, by continued or repeated irritation, to develop and establish in it a diseased excitability and irritability, resulting often in chronic or acute inflammation, and painful sensibility and disorganization.” [A lecture on Epidemic Diseases Generally, and Particularly the Spasmodic Cholera (NY: Mahlon Day, 1833) pp.10-11] on p.38 of Baker.

A necessary consequence is that the natural health of the nerves are impaired, general debility ensues, tending to diseased irritability, inflammation, painful sensibility and death. Therefore, maintenance of a healthy stomach lining was a prerequisite to health. Advocated daily bathing followed by brisk rubbing of skin to stimulate its excretory functions, loose, unrestrictive clothing, etc.
Nothing was original except his turning health reform into a moral crusade.

1851: American Hydropathic Institute opens under Mary Gove and Thomas L. Nichols, MD (her husband) – claim it’s the first hydropathic medical school in the world.
Ca 1853: New York Hydropathic School opens, under RT Trail (who, along with Joel Shew opened first water-cure in NY 1843-44); 1856 name changed to New York Hygeio-Therapeutic College, incorporated 1857; subsequently moved to NJ. Water-cures evolved into sanitariums.